

RDP DONOR HEALTH HISTORY QUESTIONNAIRE

| <i>Name (Print):</i> | <i>Date:</i> | YES | NO |
|--|---------------------|------------|-----------|
| 1. Are you feeling well and healthy today? | | | |
| Have you ever: | | | |
| 2. Been deferred from blood donation anywhere? | | | |
| 3. Fainted, been lightheaded or had problems donating? | | | |
| 4. Had chest pains, heart disease, or irregular heart beat? | | | |
| 5. Had cancer, blood disease, or a bleeding problem? | | | |
| 6. Had jaundice, liver disease, hepatitis, or a positive test for hepatitis? | | | |
| 7. Had growth hormone injections or received a dura mater transplant graft? | | | |
| 8. Had Chagas' disease, Babesiosis, Leishmaniasis? | | | |
| 9. Had a relative with Creutzfeldt-Jakob Disease or been told this disease is inherited in your family? | | | |
| 10. Taken Accutane (isotretinoin), Tegison (etretinate), Propecia, Proscar (finasteride), Soriatane (acitretin), or Avodart (dutasteride)? | | | |
| In the last 3 years have you: | | | |
| 11. Had malaria? | | | |
| 12. Resided outside the U.S. other than in Europe, Australia, Canada, Israel, or Japan? | | | |
| In the last year have you: | | | |
| 13. Traveled outside the U.S. other than Europe, Australia, or Canada? | | | |
| 14. Had close contact with a person with hepatitis or been given hepatitis B immune globulin? | | | |
| 15. Been under a doctor's care or had a major illness or surgery? | | | |
| 16. Had tattoo or non-sterile skin piercing? | | | |
| 17. Received any immunizations or vaccinations? | | | |
| In the last 8 weeks have you: | | | |
| 18. Donated blood or blood products? | | | |
| 19. Been pregnant? | | | |
| In the last week have you: | | | |
| 20. Had a cold, flu, or other illness? | | | |
| 21. Taken medication or aspirin? | | | |
| Please read the attached DONOR ALERT and discuss the following questions with OHS staff: | | | |
| 22. Have you read and understood the DONOR ALERT? | | | |
| 23. Have you EVER engaged in any of the high risk activities discussed in Part A? | | | |
| 24. In the last year have you engaged in any of the high risk activities discussed in Part B? | | | |

OHS use only:

HCT: _____ BP: _____ Questionnaire reviewed by: _____

RDP DONOR ALERT

YOU MUST CAREFULLY READ THE FOLLOWING INFORMATION BEFORE YOU DONATE BLOOD

Acquired Immunodeficiency Syndrome (AIDS) is caused by a virus that affects the immune system. To ensure that the blood obtained through the Research Donor Program comes from healthy volunteers, the blood of all donors is tested for exposure to HIV every six months. If you meet any of the criteria described below, it is possible that you have been exposed to HIV and we request that you **DO NOT DONATE BLOOD**.

HOW IS AIDS SPREAD? The HIV virus that causes AIDS can infect the body in several ways:

Part A: Individuals whose activities or conditions place them at risk of HIV infection include:

- Males who have had sexual relations with another man, even once, since 1977.
- Persons who have injected illegal drugs at any time in their life.
- Persons who have exchanged sex for money or drugs at any time since 1977.
- Persons who have taken clotting factor concentrates for a bleeding disorder such as hemophilia.
- Persons who have AIDS or have had a positive test for AIDS.
- Persons who have any symptoms related to AIDS. These symptoms include night sweats, unexplained weight loss, enlarged lymph nodes, chronic diarrhea, unexplained fevers, persistent shortness of breath, white spots in the mouth, and purplish skin lesions.
- Persons who were born in or lived in any of the following countries since 1977: Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger or Nigeria.
- Persons who receive a blood transfusion or treatment with blood products while in these countries.
- Persons who have had sexual contact with anyone born in or who has lived in these countries since 1977.

Part B: Others who are at increased risk of infection are those who have IN THE LAST 12 MONTHS:

- Had sexual relations with anyone described in the previous categories.
- Has or have been treated for gonorrhea or syphilis.
- Have received a blood transfusion, an organ transplant, or a tissue transplant.
- Have been the victim of rape or had accidental exposure to blood through a needle-stick or blood spill.
- Have been incarcerated (in jail or prison) for more than 72 consecutive hours.
- Taken (snorted) cocaine through your nose.

WILL MY BLOOD BE TESTED FOR AIDS? A sample of your blood will be tested for exposure to HIV. A confirmed positive test indicates that the virus is present. Should this occur, a health care provider from OHS would notify you. Subsequently, you will become a part of a confidential deferral registry. Be assured that a very limited number of healthcare professionals will have access to this information.

If you are concerned that you may have been exposed to HIV, DO NOT DONATE BLOOD. You can be tested at the Frederick County Health Department HIV Clinic at 350 Montevue Lane, Frederick, MD Phone: (301) 631-3117.

I certify that I have truthfully and fully answered all questions addressed to me regarding my present health and prior illnesses. I understand that I am donating blood to be used for laboratory research as part of the Research Donor Program in which I have previously agreed to participate. My blood will be removed using standard methods, and will take approximately 15 minutes. I also understand that there are occasional hazards associated with the donation of blood, including dizziness, nausea, fainting, and bruising of the arm near the needle site. These are not serious and if they occur usually last a brief period. I understand that my participation is voluntary and I can discontinue participation at any time without prejudice or penalty. I am free to ask pertinent questions of OHS medical staff at any time. If I experience any unusual side effects as a result of my blood donation, I can contact OHS (301) 846-1096. Records kept by OHS in connection with my donations will be maintained in accordance with the Privacy Act.

I understand the information provided in the DONOR ALERT concerning persons at increased risk of HIV infection and I hereby affirm that I have not engaged in any of the activities associated with transmission of HIV. I understand that I have consented to have my blood tested for antibody to HIV and for other blood-borne viruses when I agreed to participate in the Research Donor Program. I understand that if I test positive for HIV, I will be notified of the result and my name will be placed on a confidential list of permanently deferred donors.

I have read and understood the statement above and give my consent to have my blood taken.

Signature _____ Date _____